

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
CLAIMS													
1	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		51	IND	DEP	BID	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP							
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49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	11		↔	↔	↔		TOTAL DEP.	↔	↔	↔			
TOTAL CLAIMS	14		████████	████████	████████		TOTAL CLAIMS	████████	████████	████████	████████	████████	████████

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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